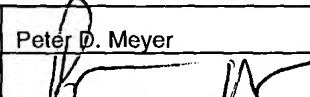


| | | | |
|---|--|--|--|
| UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b)) | | Attorney Docket No. CM2685L | |
| | | First Inventor Lidia Bonfanti | |
| | | Assignee The Procter & Gamble Company | |
| | | Title Improved Thermoplastic Hydrophilic Adhesive Compositions for Attachment on Dry and Wet Surfaces and with Increased Water Adhesion Stability | |
| | | Express Mail Label No. EV325508675US | |
| APPLICATION ELEMENTS See MPEP Chapter 600 concerning utility patent application contents. | | Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification Total Pages [43] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [] 4. Oath or Declaration Total pages [2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) <i>(for continuation/divisional with Box 17 complete)</i> i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76 | | 6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies | |
| ACCOMPANYING APPLICATION PARTS | | | |
| 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 16. <input type="checkbox"/> Other: | | | |
| 17. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group/Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. | | | |
| 19. CORRESPONDENCE ADDRESS | | | |
| <input checked="" type="checkbox"/> Customer Number | | (Insert Customer No. here) 27752 | |

| | | | |
|-------------------|---|-----------------------------------|----------------|
| Name (Print/Type) | Peter D. Meyer | Registration No. (Attorney/Agent) | 47,792 |
| Signature |  | Date | August 4, 2003 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

Complete if Known

Application Number

Confirmation Number

Filing Date

First Named Inventor

Lidia Bonfanti

Examiner Name

Group/Art Unit

TOTAL AMOUNT OF PAYMENT (\$750.00)

Attorney Docket No.

CM2685L

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒
- Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**1. BASIC FILING FEE - Large Entity**

| Code (\$) | Fee Description | Fee Paid |
|-----------|------------------------|-------------------------------------|
| 1001 750 | Utility filing fee | <input checked="" type="checkbox"/> |
| 1002 330 | Design filing fee | <input type="checkbox"/> |
| 1004 750 | Reissue filing fee | <input type="checkbox"/> |
| 1005 160 | Provisional filing fee | <input type="checkbox"/> |

SUBTOTAL (1) (\$)[750.00]

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

| | Extra Claims | Fee from Below | Fee Paid |
|--------------|--|--------------------------|----------------------------|
| Total Claims | [16] - 20** = <input type="checkbox"/> x | <input type="checkbox"/> | = <input type="checkbox"/> |

Independent Claims [2] - 3** = ☐ x ☐ = ☐Multiple Dependent ☐ = ☐

** or number previously paid, if greater; For Reissues, see below

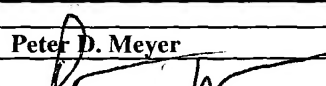
| Code (\$) | Fee Description |
|-----------|---|
| 1202 18 | Claims in excess of 20 |
| 1201 84 | Independent claims in excess of 3 |
| 1203 280 | Multiple dependent claim, if not paid |
| 1204 84 | **Reissue independent claims over original patent |
| 1205 18 | **Reissue claims in excess of 20 & over original patent |

SUBTOTAL (2) (\$)[750.00]

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Code (\$) | Fee Description | Fee Paid |
|-------------|---|--------------------------|
| 1051 130 | Surcharge-late filing fee or oath | <input type="checkbox"/> |
| 1052 50 | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> |
| 1053 130 | Non-English specification | <input type="checkbox"/> |
| 1812 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> |
| 1804 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> |
| 1805 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> |
| 1251 110 | Extension for reply within 1 st month | <input type="checkbox"/> |
| 1252 410 | Extension for reply within 2 nd month | <input type="checkbox"/> |
| 1253 930 | Extension for reply within 3 rd month | <input type="checkbox"/> |
| 1254 1,450 | Extension for reply within 4 th month | <input type="checkbox"/> |
| 1255 1,970 | Extension for reply within 5 th month | <input type="checkbox"/> |
| 1401 320 | Notice of Appeal | <input type="checkbox"/> |
| 1402 320 | Filing a brief in support of an appeal | <input type="checkbox"/> |
| 1403 280 | Request for oral hearing | <input type="checkbox"/> |
| 1451 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> |
| 1452 110 | Petition to revive - unavoidable | <input type="checkbox"/> |
| 1453 1,300 | Petition to revive - unintentional | <input type="checkbox"/> |
| 1501 1,300 | Utility issue fee (or reissue) | <input type="checkbox"/> |
| 1502 470 | Design issue fee | <input type="checkbox"/> |
| 1460 130 | Petitions to the Commissioner | <input type="checkbox"/> |
| 1807 50 | Petitions related to provisional applications (37 C.F.R. 1.17(q)) | <input type="checkbox"/> |
| 1806 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> |
| 1809 750 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> |
| 1810 750 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> |
| 1801 750 | Request for Continued Examination (RCE) | <input type="checkbox"/> |
| 1802 900 | Request for expedited examination of a design application | <input type="checkbox"/> |
| 1454 1300 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> |
| | Other fee (specify) _____ | <input type="checkbox"/> |
| | Other fee (specify) _____ | <input type="checkbox"/> |

* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$) []

| SUBMITTED BY | | | Complete (if applicable) | |
|-------------------|---|------------------|--------------------------|--------------------------|
| Name (Print/Type) | Peter D. Meyer | Registration No. | 47,792 | Telephone (513) 634-9359 |
| Signature |  | Date | August 4, 2003 | |

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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